evaluating preliminary environmental characterization data, releasing initial findings and public health decisions, and initializing community involvement and education efforts;

(2) *Sampling Strategies,* which could include participating in the design of multiple media sampling and analysis plans that assist in identifying human exposure pathways;

(3) *Community Health Outreach,* such as initiating early community contact, designing the public health agenda, developing sampling and analysis strategies to help define human exposure levels, and collaborating with decision-makers regarding on- and off-site remediation strategies for characterizing environmental contamination;

(4) *Public Health Evaluation,* which includes the comparison of existing morbidity and mortality data on diseases that may be associated with the observed levels of exposure. Also included are exposure investigations, which involve gathering and analyzing site-specific information, to determine if human populations have been exposed to hazardous substances, and release of comprehensive findings from evaluations;

(5) *Public Health Actions,* which could be short-term, including providing health professional education, medical intervention, and health studies; or long-term actions, which could include providing surveillance, medical monitoring, and registries;

(6) *Remediation and Site Closure Planning,* which could include providing a public health analysis of environmental monitoring plans, evaluating final sampling data, and releasing comprehensive public health findings regarding efficacy of cleanup efforts in mitigating or reducing human exposure; and

(7) *Customer Satisfaction Evaluations* to confirm the effectiveness of activities through reader/customer surveys, pilot projects, questionnaires, and community meetings.

Greater participation of communities and remediation decisionmakers will be fundamental to the implementation of the revised process, and interaction with stakeholders will be an integral part in each of the activities noted above. Community involvement will be emphasized throughout ATSDR's activities. In particular, efforts to facilitate community outreach will be undertaken through actions such as increased use of Public Availability Sessions, poster sessions, direct contact with community groups, focus group workshops for team-building, distribution of Community Notices and Fact Sheets, and establishing Community Assistance Panels. In addition, ATSDR will continue to provide independent peer-review of a sample of our public health assessments.

Dated: June 1, 1995.

Claire V. Broome,

Deputy Administrator, Agency for Toxic Substances and Disease Registry.

[FR Doc. 95–14046 Filed 6–7–95; 8:45 am]

BILLING CODE 4163–70–P

Centers for Disease Control and Prevention

[Announcement 551]

Announcement of Cooperative Agreement to the North Carolina Department of Environment, Health and Natural Resources

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1995 for a sole source cooperative agreement with the North Carolina Department of Environment, Health and Natural Resources (NCDEHNR) to support the Efficacy of a Mandatory Substance Abuse Assessment Program in Reducing Repeat Arrest for Driving While Impaired. Approximately $50,000 is available in FY 1995 to support this project. It is expected the award will begin on or about September 30, 1995, and will be made for a 12-month budget period with a one-year project period. The funding estimate is subject to change based on the availability of funds.

The purpose of this project is to evaluate the effectiveness of the Mandatory Substance Abuse Assessment Program in North Carolina's in decreasing repeat driving while impaired (DWI) arrests. The study will test the following two hypotheses:

1. Drivers convicted of DWI for the first time (first offenders who complete North Carolina's Mandatory Substance Abuse Assessment Program (MSAAP)) will be less likely than other first offenders to have a repeat arrest for DWI.

2. Among first offenders who are subsequently arrested for DWI, the time interval between the first conviction and the second arrest will be greater for those drivers who have completed North Carolina's MSAAP.

The CDC will develop a research protocol for the evaluation of the MSAAP, analyze and interpret the data, produce a report that describes the results of the MSAAP evaluation, and disseminate the results via publication in peer reviewed journals, the MMWR and other literature and means.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Unintentional Injuries (Objective 4.1) which calls for a reduction in alcohol-related crash deaths. In addition, *Injury Control in the 1990s: A National Plan for Action* (Recommendation 15) calls for the implementation and strengthening of programs for reducing impaired driving. (For ordering a copy of ''Healthy People 2000,'' see the Section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under Sections 301, 317, 391, 392 and 394 of the Public Health Service Act, (42 U.S.C. 241, 247b, 280b, 280b-1 and 280b-2), as amended. Program regulations are set forth in 42 CFR Part 52.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicant

Assistance will be provided only to NCDEHNR. No other applications are solicited. The program announcement and application kit have been sent to NCDEHNR.

NCDEHNR is the only organization able to conduct the work under this cooperative agreement because North Carolina is the only State meeting all of the following requirements:

1. North Carolina requires all drivers who are convicted of driving while impaired (DWI) to obtain a substance abuse assessment and comply with treatment requirements before they can get their license back. This provides an important opportunity to evaluate the effectiveness of mandatory substance abuse assessment and treatment for drivers with a first conviction for DWI (first offenders)—a population who may be more responsive to treatment.

2. North Carolina's substance abuse assessment and treatment requirement

for drivers convicted of DWI is administered along with other license sanctions (e.g., license suspension). Participation in the State's MSAAP does not result in less severe sentencing. This combination of substance abuse assessment and treatment with strict license sanctions is considered the preferred approach to administering such a program; therefore, it is particularly important to determine the effectiveness of such a program.

3. During 1988 and 1989, North Carolina pilot-tested the use of the MSAAP for all first offenders in 10 counties. Consequently, there has been sufficient time since then to evaluate the long-term effect of the program on the driving behavior of program participants.

4. The Injury Control Program in the NCDEHNR was recently involved in a study to assess the risk of dying in alcohol-related motor vehicle crashes among drivers who were arrested for DWI. The evaluation of the State's MSAAP will build on this research by assessing the effectiveness of mandatory substance abuse assessment and treatment in reducing the risk of rearrest for DWI.

5. NCDEHNR works closely with the State's Highway Safety Research Center (HSRC). The HSRC retains copies of the State's driver history files—which will be used for this evaluation—and provides the programming and technical assistance needed to work with the State's driver history files.

Executive Order 12372 Review

This program is subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. The applicant should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective application and receive any necessary instructions on the State process. If the SPOC has any State process recommendations on the application, they should be sent to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E–13, Atlanta, GA 30305, no later than 60 days after the application deadline date. The Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' for State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance Number is 93.136.

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this project, please refer to Announcement 551 and contact Adrienne Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 E. Paces Ferry Road, NE., Mailstop E–13, Atlanta, GA 30305, telephone (404) 842–6634.

A copy of ''Healthy People 2000'' (Full Report; Stock No. 017–001–00474–0) or ''Healthy People 2000'' (Summary Report; Stock No. 017–001–00473–1) referenced in the **SUMMARY** may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: June 1, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

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BILLING CODE 4163–18–P

[CDC 573]

Project Grant to Assess Tuberculosis Control Efforts on College and University Campuses in the United States

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 project grant funds for a sole source grant to the American College Health Association (ACHA). Approximately $60,000 is available in FY 1995 to support this project. It is expected the award will begin on or about September 30, 1995, for a 12-month budget and project period. The funding estimate may vary and is subject to change.

The purpose of this grant is to assess: (1) implementation of student prematriculation and staff screening for tuberculosis (TB) infection; (2) attitudes toward and barriers to implementing screening; (3) practices concerning preventive therapy and therapy for TB cases; and (4) the impact of TB control policies on college and university campuses.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority areas of HIV Infection and Immunization and Infectious Diseases. (To order a copy of ''Healthy People 2000,'' see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This grant is authorized under Sections 301(a) and 317(a) of the Public Health Service Act (42 U.S.C. 241 and 247b) as amended. Applicable program regulations are found in part 51 (b), subparts A, of Title 42, Code of Federal Regulations.

Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicant

Assistance will only be provided to ACHA for this project. No other applications are solicited. The program announcement and application kit have been sent to ACHA.

ACHA is the most appropriate and qualified agency to provide the services specified under this program announcement because: ACHA is a voluntary, nonprofit organization representing over 850 colleges and universities in the United States, Canada, and internationally, as well as more than 2600 individual health professionals. ACHA's operations are national in scope and are implemented via six regions: New York/New England; Mid-Atlantic; South/Southwest; Mid-America; Rocky Mountain and Pacific Coast. ACHA promotes cooperative efforts among schools of higher education, shares knowledge on important college health issues and is a central resource for development of educational materials and programs concerning health policies for colleges and universities. Only ACHA has the